

Please follow the below instructions to complete your request:

 Submit the form and other required documentation to the Member Portal using the following link www.ausprs.org. Digital signatures are accepted.

OR

Mail the forms and other required documentation to the System's mailing address: *APRS P.O. Box 40609 Austin, TX 78704*

- 2) All submissions must include a copy of your driver's license along with the other listed required documents. APRS will not accept incomplete forms.
 - Copy of Driver's License
 - Address Change Form

Only changes received on or before the 15th day of the month will be effective for that month's payment. A confirmation will be emailed to you after the form and other required documentation has been received.

For security purposes, please do **NOT** email sensitive and personal information.

Phone: (512) 416-7672

Fax: (512) 416-7138

www.ausprs.org



REQUEST FOR ADDRESS CHANGE

All submissions must include a copy of your driver's license. APRS will not accept incomplete forms.

I authorize the Austin Police Retirement System to change my address and other contact information to the following:

Name				
Address				
City	State		Zip	
Social Security Number (last 4 digits)		E-Mail Address		
Telephone Number		Signature	Date	
Name of Active Officer				

This request must be signed by the person named on the QDRO. Any other requestors must contact the System at (512) 416-7672 for further instructions.